

Attorney(s) name(s) and state bar number (space below for
Law Firm filing stamp only)
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Attorney(s) for Appellant

SAMPLE APPEAL

STATE OF CALIFORNIA

NEW MOTOR VEHICLE BOARD

In the Matter of the Protest of)	
)	
NAME OF DEALERSHIP/MANUFACTURER/ DISTRIBUTOR,)	Appeal No.(leave blank)
)	
Appellant,)	
)	
v.)	NOTICE OF APPEAL
)	[V.C. sec. 3052]
DEPARTMENT OF MOTOR VEHICLES,)	
)	
Respondent.)	
_____)	

TO THE DIRECTOR OF THE DEPARTMENT OF MOTOR VEHICLES:

PLEASE TAKE NOTICE THAT [name of Appellant] herein appeals from the
Decision of the Director filed on [date], pursuant to Vehicle Code
section 3052, et seq.

This Appeal is based on the following grounds:

1. The Department has proceeded without or in excess of its
jurisdiction;
2. The Department has proceeded in a manner contrary to the
law;
3. The Decision is not supported by the findings;

///

4. The findings are not supported by the weight of the evidence in the light of the whole record reviewed in its entirety, including any and all relevant evidence adduced at any hearing of the Board;

5. The determination of penalty, as provided in the Decision of the Department, is not commensurate with the findings.

This Appeal is further based upon the pleadings and papers, exhibits, transcripts and related documents included in the record herewith, together with such evidence, oral or documentary, as may be introduced at the hearing of this Appeal.

Appellant has requested from the Office of Administrative Hearings, as well as the Department of Motor Vehicles, the complete administrative record of the case herein, any pleadings, proposed orders, and other documents related to the case. Appellant has also advanced the costs for preparation of such record.

Appellant hereby requests an appearance before the above-entitled Board to present oral argument herewith, pursuant to the provisions of Vehicle Code section 3053.

Appellant is a holder of a license as a [new vehicle dealer, manufacturer, or distributor] as defined in Vehicle Code section [426, 672, or 296].

DATED:

By _____

Attorney(s) name(s)
(original signature required)

* * * * THE APPEAL MAY NOT BE PROCESSED WITHOUT AN * * * *

ATTACHED PROOF OF SERVICE AND A \$200.00 CHECK TO

COVER APPELLANT'S FILING FEE